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CONFIRMATION NO. 6650

|   |   |                                       |  |   |                                    |
|---|---|---------------------------------------|--|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/511,278  | <b>FILING OR 371(c)<br/>DATE</b><br>10/22/2004<br><b>RULE</b>   | <b>CLASS</b><br>435                   | <b>GROUP ART UNIT</b><br>1653  | <b>ATTORNEY<br/>DOCKET NO.</b><br>28364 |                                    |
| <b>APPLICANTS</b><br>Doron Lancet, Tel-Aviv, ISRAEL;<br>Idan Menashe, Ramat Gan, ISRAEL;<br>Orna Man, Kfar Givton, ISRAEL;<br>Yoav Gilad, Rechovot, ISRAEL;   |   |                                       |  |   |                                    |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IL03/00336 04/24/2003<br>which claims benefit of 60/374,508 04/23/2002  |   |                                       |  |   |                                    |
| <b>** FOREIGN APPLICATIONS *****</b><br><div style="text-align: center;"><b>** SMALL ENTITY **</b></div>  |   |                                       |  |   |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR<br/>COUNTRY</b><br>ISRAEL | <b>SHEETS<br/>DRAWING</b><br>6   | <b>TOTAL<br/>CLAIMS</b><br>33           | <b>INDEPENDENT<br/>CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>Martin Moynihan<br>Anthony Castorina<br>Suite 207<br>2001 Jefferson Davis Highway<br>Arlington ,VA 22202  |   |                                       |  |   |                                    |
| <b>TITLE</b><br>Polymorphic olfactory receptor genes and arrays, kits and methods utilizing information derived therefrom for<br>genetic typing of individuals  |   |                                       |  |   |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>724   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                    |